PTO/SB/22 (12-04)

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RESTTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional)								
ADD	HIION	FUR E		a)	Docket Number (Optional)			
	FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
App	0. 2001							
For	Application Number 10/032,214 Filed December 20, 2001 For Novel Co-Stimulatory Molecules							
Art (4.0	644	inulatory Molecules			Examiner Ouspen	eki Ilia	
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	is a req lication.	uest und	der the provisions of 37 CFF	R 1.136(a) to extend the	е регіо	d for filing a reply in t	he above identified	
The	request	ed exter	nsion and fee are as follows	(check time period des	ired ar	nd enter the appropri	ate fee below):	
				<u>Fee</u>		Small Entity Fee		
		One m	onth (37 CFR 1.17(a)(1))	\$120		\$60	\$	
		Two m	onths (37 CFR 1.17(a)(2))	\$450		\$225	\$	
		Three	months (37 CFR 1.17(a)(3))	\$1020		\$510	\$	
		Four m	nonths (37 CFR 1.17(a)(4))	\$1590		\$795	\$	
	X	Five m	onths (37 CFR 1.17(a)(5))	\$2160		\$1080	\$_2160	
	Applicar	nt claims	s small entity status. See 37	CFR 1.27.				
	A checi	k in the	amount of the fee is enc	losed.				
	Payme	nt by cr	edit card. Form PTO-203	88 is attached.				
	The Dir	rector h	as already been authoriz	ed to charge fees in t	his ap	oplication to a Depo	osit Account.	
X			s hereby authorized to chunt Number 50				it any overpayment, to te copy of this sheet.	
	•		mation on this form may beco	-		·		
	Provide credit card information and authorization on PTO-2038.							
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ı aı	n the	ш	applicant/inventor.					
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
		X	attorney or agent of reco	rd. Registration Numl	ber_	39,804		
		X	attorney or agent under 3 Registration number if actin	37 CFR 1.34. g under 37 GFR 1.34 _	39,80	4		
			Mouseut C	O Chrun		Dec.	20,2004	
			Signature		Date			
	Marga	aret A. F	owers		(650) 298-5809			
	Typed or printed name Telephone Number						hone Number	
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
	Total of forms are submitted.							
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collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006, OMB 0651-0032

Indian Bigherwook Reduction Act of 1985 no persons are reculted to respond to a solection of information unless it dealers a state dOMS control number Effective on 1998/2004 Programme to the Consolidated Appropriations Act, 2005 (rt.R. 4819). Applicant in the Consolidated Appropriations Act, 2005 (rt.R. 4819). Applicant in the Consolidated Appropriations Act, 2005 (rt.R. 4819). Applicant in the Consolidated Appropriations Act, 2005 (rt.R. 4819). Applicant in the Consolidated Appropriations Act, 2005 (rt.R. 4819). Applicant in the Consolidated Appropriation Act 2005 (rt.R. 4819). Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (check all that apply) Examiner Name Ouspensk, Ilia Art Unit 1644 Altorney Docket No. O169.410US Other (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Ouspeak Account Name Maxygen, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	2.3 Under the poen	vork Reduction Act of	1995 no persons ar	e required to re	U.S. Pater	nt and Trade	emark Office: U.S.	DEPARTMENT OF COMMERCE lavs a valid OMB control number	
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TOTAL AMOUNT OF PAYMENT (\$) 2160.00 Attorney Docket No. 0169.410US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0990 Deposit Account Name: Maxygen, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge for the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee Charge fee(s) Indicated below, except for the filling fee Charge fee Charge fee(s) Indicated below, except for the filling fee Charge fee(s) Indicated below, except for the filling fee Charge fee Charge fee(s) Indicated below	Applicant of			D 4 27	Examiner Nam	niner Name Ouspenski, Ilia		i, Ilia	
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0990 Deposit Account Name: Maxygen, Inc.	TOTAL AMOUN	T OF PAYMENT	(\$) 2160.00		Attorney Docke	et No.	0169.410	JS	
Deposit Account Deposit Account Number: S0-0990 Deposit Account Name: Maxygen, Inc.	METHOD OF	PAYMENT (check	k all that apply)						
To the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	Check	Credit Card	Money Orde	r \square_{Nor}	ne Other	(please ider	itifv):		
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Design	<u>Application</u>	Type Fee (9		<u>Fee (\$</u>		Fee (Fees Paid (\$)	
Plant	Utility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims 30 - X \(\text{ \text{or HP}} = \) 0 \(\text{ x} \) 0 = 0 HP = highest number of total claims paid for, if greater than 20. Indep. Claims 73 Extra Claims 3 - 3 of HP = 0 \(\text{ x} \) 0 = 0 HP = highest number of independent claims paid for, if greater than 3. 3 3 of HP = 0 \(\text{ x} \) 0 = 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Paid (\$) Petition for Extension of Time (enclosed herewith) Petition for Extension of Time (enclosed herewith) Telephone (650) 298-5809	Design	200	100	100	50	130	65		
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(Antorney/Agent)	Signature Registration No. 39 804 Telephone (650) 298-5809								
	(Attorney/Agent)								

Certificate of Mailing under 37 C.F.R. §1.8

I hereby certify that this is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450, Mail Stop: Amendment on the date below:

Typed or Printed Nam	e: Margaret A. Powers
Signature:	Joseph albun

December 20, 2004 Date: __